

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-000909

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 88

Primary Registration District No. 5330

Registrar's No. 2

STATE FILE NUMBER

FILED JAN 30 1963

|   |   |   |                                      |
|---|---|---|--------------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Crawford</b>  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Crawford</b>                                     |                                      |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br><b>Osage Township</b>  |   | c. CITY OR TOWN <b>Osage Township</b>   |                                      |
| Length of stay in 1b <b>7 Years</b>   |   | Inside Limits <b>Yes</b> <input type="checkbox"/> No <input type="checkbox"/>   |                                      |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>2 Miles E Cherryville, Mo.</b>  |   | d. STREET ADDRESS (If outside, give location)<br><b>2 Miles E Cherryville, Mo.</b>  |                                      |
| 3. NAME OF DECEASED<br>(Type or print)<br>First <b>ERMA</b> Middle <b>PRISCILLA</b> Last <b>QUINTON</b>   |   | 4. DATE OF DEATH<br>Month <b>Jan.</b> Day <b>21</b> Year <b>1963</b>  |                                      |
| 5. SEX<br><b>Female</b>   | 6. COLOR OR RACE<br><b>White</b>  | 7. Married: <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>                    | 8. DATE OF BIRTH<br><b>1/14/1916</b> |
| 9. AGE (last birthday)<br><b>47</b>   |   | 10. IF UNDER 1 YEAR<br>Months <b>7</b> Days <b>1</b> Hours <b>0</b> Min. <b>0</b>   |                                      |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Housewife</b>   |   | 10b. KIND OF BUSINESS OR INDUSTRY   |                                      |
| 11. BIRTHPLACE (City and state or country)<br><b>Cherryville, Mo.</b>   |   | 12. CITIZEN OF WHAT COUNTRY<br><b>U.S.A.</b>  |                                      |
| 13a. FATHER'S NAME<br><b>Edward Callahan</b>  |   | 13b. MOTHER'S MAIDEN NAME<br><b>Myrtle Murry</b>  |                                      |
| 14. NAME OF HUSBAND OR WIFE<br><b>William Quinton</b>   |   | 15. WAS DECEASED EVER IN U.S. ARMED FORCES<br>(Yes, no, or unknown) (If yes, give war or dates)<br><b>No</b>  |                                      |
| 16. SOCIAL SECURITY NO.   |   | 17. INFORMANT<br><b>William Quinton, Cherryville, Mo.</b>   |                                      |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>M etastatic Carcinoma</b><br>DUE TO (b) <b>Carcinoma of Cervix</b><br>DUE TO (c) <b>Cervix</b><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>7 months</b><br><b>6 months</b>  |                                      |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)   |   | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |                                      |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)  |                                      |
| 20c. TIME OF INJURY<br>Hour <b>12</b> a.m. <b>30</b> p.m.   | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>    |   |                                      |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  |   | 20f. CITY, TOWN, OR LOCATION<br><b>Steelville, Mo.</b>  |                                      |
| 20g. COUNTY<br><b>Crawford</b>  |   | 20h. STATE<br><b>Mo.</b>  |                                      |
| 21. I attended the deceased from <b>5-26-62</b> to <b>1-21-63</b> and last saw her alive on <b>1-26-63</b><br>Death occurred at <b>12:30</b> a.m. on the date stated above, and to the best of my knowledge, from the causes stated.  |   | 22. SIGNATURE<br><b>A. H. B. Bauman</b> (Degree or title) <b>M.D.</b>   |                                      |
| 22a. ADDRESS<br><b>Steelville, Mo.</b>  |   | 22c. DATE SIGNED<br><b>1-26-63</b>  |                                      |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>  | 23b. DATE<br><b>1/23/1963</b>   | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Martin Cemetery</b>  |                                      |
| 23d. LOCATION (City, town, or county)<br><b>Crawford County, Mo.</b>  |   | 23e. DATE RECD. BY LOCAL REG.<br><b>1/23/63</b>   |                                      |
| 24. FUNERAL DIRECTOR<br><b>Halbert Funeral Home, Steelville, Mo.</b>  |   | 25. REGISTRAR'S SIGNATURE<br><b>Mrs. Hazel Liskine</b>  |                                      |

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

DATE AMENDED

VS 300  
Rev. 4/59

10280

20280

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4 1

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9 171X

10

11

12 90-0

13 3-0

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Thomas S. Halbert

Licensed Embalmer No. 4332

P. O. Address Steelville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.